

1961

Ranula in the Dog

Larry Tadlock
Iowa State University

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Ranula in the dog. A small female, mixed Manchester, six months of age was presented to Stange Memorial Clinic for diagnosis and treatment on January 17, 1961. She had been sick four days and had been given penicillin the day before presentation. There was an intermandibular swelling protruding sublingually into the mouth. There was an oral discharge of blood mixed with saliva. Pain was exhibited upon palpation of the throat region. A temperature of 103° was recorded. A diagnosis of ranula was made.

On the following day, the temperature was 100.2°, appetite was slightly increased but no bowel activity was observed. The depression exhibited upon presentation was somewhat lessened. Blood-tinged saliva was still dripping from the mouth.

On the third day the swelling in the intermandibular space was hot-packed for twenty minutes and one half cc Pen-Strep¹ was given intramuscularly. On the fourth day the swelling had decreased and the temperature was normal. Five cc of serum was withdrawn from the swelling using a syringe and needle. The swelling under the tongue was lanced releasing more blood-tinged fluid. The incision and the lining of the cyst were cauterized with silver nitrate sticks and a hyfercator was used to control the hemorrhage. Thirty cc of blood was given intravenously as a precautionary measure since it was unknown how much blood had been lost.

One cc of Pen-Strep¹ and one half cc of Chymotrypsin² was given on each of the following two days. During this time the appetite and bowel activity returned to normal and the swelling receded. Another 40 cc blood transfusion was administered to combat the anemia.

The case was released January 25 at which time full recovery had been attained.

Larry Tadlock '62

¹ Antibiotic combination Corn States Laboratories, Inc.

² Kymar Armour Pharmaceutical Co.

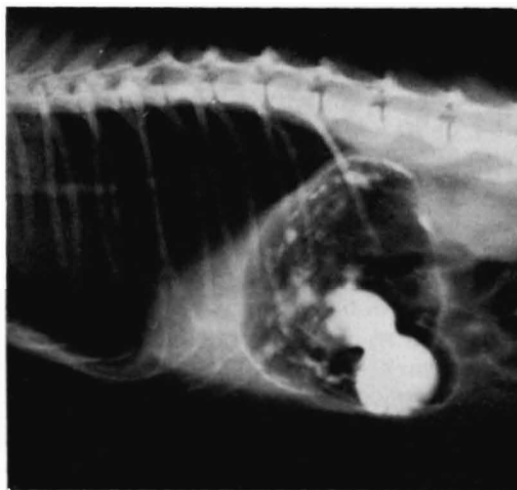
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Primary pulmonary adenomas of the feline are reported very infrequently. It is with this in mind that the following case is reported.

One evening in September 1960 a six year old feline was admitted to Stange Memorial Clinic. Her owner reported that she had been losing weight gradually for several months and her condition had become worse the past month. She would eat canned food and milk but only in small amounts and she had been showing persistent retching but no vomition.

Her history revealed that she had been vaccinated for feline distemper as a kitten. The owner had become alarmed recently and had taken the cat to a local veterinarian who referred her to Stange Memorial Clinic for diagnosis. He had considered the possibility of a diaphragmatic hernia.

The cat was examined the following morning. She had a temperature of 102° F. and showed dyspnea and harsh rales. She was given barium orally but it was not retained. Dorsoventral and lateral radiographs were taken. They showed a grossly distended stomach and possible foreign material in the intestine. A more significant finding was in the pulmonary area. The right lung appeared to be collapsed or degenerated. The left lung appeared to be somewhat emphysematous and there was some pneumothorax.



Radiograph of Thorax